FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE (Rev. 05/2002)	DISCLOSURE REPORT
COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE NAME (Must be same as on Statement of Organization) For Office Use Or	ivi O a a /
AGAIT COUNTY REPUBLICION MONTRE COMMITTEE NAME (Must be same as an Statement of Organization) For Office Use Or Activation For Office Use Or Comm. #	79001
Indexed S	
IMPORTANT: Indicate type of the condition of the control of the co	
CANDIDATE COMMITTEES ONLY: Political Party	
Candidate Name	
District (if Senate or House)	i
Office Sought	
]]
MATE	= 18 - 08 SIGNED
SIGNATURE OF TREASURER (or person filling this report) TELEPHONE	
Routine Penalties Due For Late Filed Reports Range from \$20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMBI ETF THE FOLLOWING SENTE NCE:	- III
REPORT FOR ANA (1) CELOTION (1)	SHON YEAR.
(report date)	5 /
CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter	Date of Election
County & Local Commit	tees, enter County in
County & Local Commit Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monitis held AUST he the same as the cash on hand at the end	The state of the s
of the last reporting period, or must be zero if this is first report filed.)	1767.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	540.60
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	
Schedule F: Loans Received total (Attach Schedule F)	+11
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	+1:
(Schedule H applies to Candidates' Committees Only)	، من
SUII-TOTAL\$	12307.60
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	140.56
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and kians below)	170.36
Schedule F: Loan Repayments total (Attach Schedule F)	
	11 011 011
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$	2167.04
**UNPAID BILLS (From Schedule D - Attach Schedule D)\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$	
*IN KIND CONTRIBUTIONS (FIGHT SCHEOURE E - AMERICA SCHEOURE E)	
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	111
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	_YESNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$	
	The state of the s

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

Adair County Republican Central Committee

SCHEDULE A (Rev. 06/97)	MONETARY REGEIPTS
	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 688.32A(6), lower Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
7-23-07	ID#	uniterized Contribution		\$ 25.00	
7-23-07	ID# CKN	ice cream social donation		10.00	
7-23-07	ID# CK#	ice Cream Social donation		10.00	L
7-26-07	ID# CK#	ice cream Social donation		10-00	~
7-29-07	ID# CK#	ice Cream Social income		495.60	ν
	ID# CK#				
	ID#			12012	
·	ID# CK#				
	iD# CK#			Administration of the second	
	ID# CK#				

TOTIL (If last page of this schedule) \$ D#D. 60

SUB-TOTAL

Page of ot

¹ Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of confributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

HEDULE B ev. 09/97)	MONETARY EXPENDITURES
	THIS BOX IF ING FORM

COMMITTEE	NAME CO COMOCO		~		
Adair	County	Republican Centra	1 Committe	e e	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE CO SECULTO: DOED WAS MADE	PUF (DESCRIBE	RPOSE TRANSACTION)	AMOUNT EXPENDED
	ID#	Vicki Brown	Plant for	Ron Herr's	
5/28/07	CK#	P.O. BOX 165 Fontanelle, IA 50846			:21.40
	ID#	Elizabath Lundstedt	Pastcarls		
7/33/07	CK#	Elizabeth Lundstedt 1991 A30th St Fontanelle, IA 50846			4.68
	ID#	Vicki Brown	ice ereum	Social Suppled	,
1/29/07	CK#	P.O. Box 145 Fontanelle, IA 50846	next banque	ps, napkins for	24.48
	ID#	Good Somar tan Center	ice Crean	n for social	~
7/30/07	CK#	326 Summerset St. Fontanelle, IA 50846	900	ou ea.	90.00
	1D#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#	·			•
	ID#				
	CK#				
				SUB-TOTAL	<u>e</u>

		CANDIC		

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, erganizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/ent ty on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 56.6(3)(i).)

	U U	,
Page	of	

TOTAL (if la st page of this schedule)

(for Schedule B)